

SUPERIOR COURT OF WASHINGTON
COUNTY OF _____

IN THE INTEREST OF:

D.O.B. _____

NO:

**PETITION FOR RELINQUISHMENT AND
TERMINATION OF PARENT-CHILD
RELATIONSHIP (RCW 26.33)**

I. BASIS

I represent to the court the following:

1.1 Information about the child:

☐ Name: _____ Date of Birth: _____ Sex: _____

Address: _____

**(CHILD MUST BE AT LEAST TEN (10) DAYS OLD IF THE INDIAN CHILD WELFARE ACT APPLIES
TO THE PROCEEDING. SEE 1.3 BELOW.)**

☐ The child, who is currently unborn, was conceived on or about _____, _____,
at _____.

The child's expected date of birth is: _____

**(PETITION CANNOT BE FILED ON AN UNBORN CHILD IF THE INDIAN CHILD WELFARE ACT
APPLIES TO THE PROCEEDING. SEE 1.3 ON PAGE 2.)**

Distribution: Court file, Service file, Parents, Indian Tribe/Other party

1.2 Known information about the parent(s), guardian, or custodian:

a. Name of mother: _____

Address: _____

The mother ☐ is ☐ is not a minor.

b. Name of father: _____

Address: _____

The father ☐ is ☐ is not a minor.

c. Name of presumed father: _____

d. Name of alleged father(s): _____

Address(es): _____

The alleged father ☐ is ☐ is not a minor.

e. Name of legal guardian/custodian: _____

Address: _____

1.3 The Indian Child Welfare Act, 25 U.S.C. 1901., ☐ ^{ma}_y ☐ does ☐ does not apply to this proceeding.
A Declaration of Adoption Facilitator ☐ has ☐ has not been filed as required by RCW 26.33.040(1).

1.4 The Soldiers and Sailors Relief Act of 1940, 50 U.S.C. 501 et seq., ☐ does ☐ does not apply to this proceeding.

1.5 The parent-child relationship should be terminated between the child and the child's

☐ mother ☐ father ☐ alleged father should be terminated.

☐ The _____ has signed a consent to termination and adoption, which accompanies this petition.

The parent has consented for the following reason(s):

The other parent ☐ agrees with ☐ opposes this petition.

Distribution: Court file, Service file, Parents, Indian Tribe/Other party

1.6 The ☐ Department of Social and Health Services ☐ _____
agency agrees to assume custody of the child and to have power and authority to authorize and provide all necessary care for the child which includes but is not limited to foster care, medical and dental care, and evaluation of the child.

1.7 Agency/person arranging pre-adoptive or adoptive placement:

Name: _____

Address: _____

II. RELIEF REQUESTED

Petitioner requested:

2.1 The parent-child relationship between the child and the child's ☐ mother ☐ father ☐ alleged father be permanently terminated.

2.2 The child be committed to the permanent custody of the ☐ Department of Social and Health Services ☐ _____ agency and the permanent custodian be authorized to place the child with prospective adoptive parents, consent to the child's adoption, and exercise additional authority as provided by Chapter 26.33 RCW.

PETITIONER

DATE

TITLE/AGENCY/RELATIONSHIP

III. CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this _____ day of _____, _____ at _____, Washington.
DAY MONTH YEAR CITY

SIGNATURE

TYPE OR PRINT NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

Distribution: Court file, Service file, Parents, Indian Tribe/Other party